USAG Baden-Wuerttemberg (Heidelberg and Mannheim)

CASUALTY REPORTING / NOTIFICATION PROCESS

When notified or have knowledge of the following incidents occurring to Service Members, DoD Civilians, Family Members or Retirees, follow the steps below to ensure proper notification

-Death
-Mass Casualties
-Report of Down Range
Casualty
-Serious Injury/Hospitalization

1. <u>Immediately</u> collect all information available and provide this information to the USAG-BW Casualty Coordinator (CC). Use Casualty Report Worksheet, AE Form 600-8-1A (enclosed)

3. (CC) Mr. Eric Green Cell: 0162-296-9201 or 9177

Cell: 0162-296-9201 or 91/7 Home: 0621-167-8326

DSN: 370-8392 / CIV: 06221-578392 (duty hours)

2. <u>Immediately</u> notify the USAG-BW Casualty Coordinator (CC). This is time-sensitive and must be accomplished immediately after knowledge/notification of the incident.

DO NOT CONTACT NEXT OF KIN

IF THE CC CANNOT BE CONTACTED,
CONTACT THE USAG-BW MPD CHIEF

4. (USAG-BW MPD Chief) Mr. Ivor Watson

Cell: 0162-296-9189 Home: 06221-393978

DSN: 370-3347 / CIV: 06221-573347 (duty hours)

Others to notify
USAG Cmd Grp (Dep Cdr, DHR)
&

USAG On-Call Duty Chaplain

FOR FURTHER ASSISTANCE CONTACT THE USAREUR CASUALTY ASSISTANCE CENTER (CAC)

USAREUR CAC DSN: 370-4369/4370 CIV: 06221-57-4369/4370

NOTE: UNDER NO CIRCUMSTANCES!!

Will anyone other than the Casualty Notification Officer attempt to contact the Next of Kin (To include chain of command)!!

CASUALTY REPORT WORKSHEET (AE Reg 600-8-1) Data required by the Privacy Act of 1974 Authority: 10 USC 1475-1481 and 44 USC 3101. Purpose(s): Information is used by HQDA to settle personal affairs and financial accounts. Routine use(s): Information is used by HQDA but may also be used by other Government agencies and selected agencies such as insurance companies or banks. Disclosure: Voluntary. However, if the information is not provided, a delay in receiving benefit entitlements may be experienced. Report submitted by (name, grade, unit, and telephone number) SECTION I — To be completed for all casualties Casualty status Report type Initial Supplemental Status change Progress Deceased VSI SI NSI Casualty type SPEINT SPECAT Hostile **Nonhostile** Name (last, first, middle) SSN **Grade** (not applicable for Family members) Category of individual Military Retired Civilian Family member Component (not applicable for Family members) RA **USAR ARNG** Religious preference Received religious ministration Yes No Station UIC Organization (not applicable for retirees or Family members) **Black** Yellow Other Race Red Date of birth City of birth State of birth Country of birth Died in medical treatment facility **Duty MOS** Yes No City State Home of record Date Place of incident City Incident Time State Country Place of death Date City Death State Time Country Circumstances

Enemy

Allied

Inflicting forces

Unknown

U.S.

Vehicular in	volvement	Air		Grou	nd	Multi	☐ No	ne		Sea		Unclass		
Type of vehi	icle	_ Auto _	Airplane		Bus	Boat	Rotor		Train	Tru	ıck	Motorcy	cle	
Vehicular ov	wnership	Unknown	P(v [Go	vernment	Other							
Position in v	vehicle	Unknown Dilot		river o-pilot		Passenger Pedestrian	Othe	er						
	Next of kin													
Name (last, first, middle)			Α	ddress	3				Tel	ephone				
		SE	CTION	II — T	o be o	completed	for civilia	ns only	у					
Source of pa	ау 🗌 АР	PF NAF	Othe	er										
Employer id	entification													
		SE	CTION	III — T	o be	completed	d for retire	es onl	У					
Date of retirement/REFRAD			TDDL/D	Percent					Date	Date placed				
			TDRL/PDRL											
SECTION IV — To be completed for Family members only														
Name (last, first, middle)							SSN		(Grade				
Sponsor														
Information	Organizatio	on/station of as	signmen	t (inclu	iding L	JIC)								
Relationship	o of casualt	y to sponsor												
Remarks														